

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT*A Tradition of Service*

DATE: July 24, 2008

OFFICE CORRESPONDENCE

FILE NO. FO2213150

**FROM: ERIC B. SMITH, COMMANDER
LEADERSHIP AND TRAINING DIVISION****TO: DANIEL S. CRUZ, CAPTAIN
MEN'S CENTRAL JAIL****SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS
USE OF FORCE**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on February 2, 2008.

The Committee met on July 24, 2008 and consisted of me and Commanders Stephen B. Johnson (Custody Operations Division) and Thomas E. Spencer (Detective Division). The Committee determined the use of force by Deputy James Krase #521418, Deputy Adam Villalobos #527490, Deputy Armando Diaz #522014, Deputy Jose Sanchez #519509, Deputy Alejandro Hernandez-Castanon #522048, Deputy Jason Johnson #514225, Deputy [REDACTED] # [REDACTED] Deputy Minh Her #516690, Deputy Hector Vazquez #526304, and Deputy [REDACTED] # [REDACTED] was within Department policy.

Please advise the deputies of this finding.

EBS:MOT:mt

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information									
URN: 008 - 00156 - 5100 - 145					Date: 2/2/08		Time: 0845 hrs.		
Location:		441 Bauchet St. Module 2800			City or Station:		Los Angeles		
Bureau/Station/Facility:		Custody/Men's Central Jail			Admin. Investigation:		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Type of Force:		Significant Force							
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
<input type="checkbox"/> Call		<input checked="" type="checkbox"/> Observation		<input type="checkbox"/> Detail		<input type="checkbox"/> Foot Pursuit		<input type="checkbox"/> Vehicle Pursuit	
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified:		Clay Porlier		Emp:		IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Involved Employee									
E1	Employee #		Last Name		First Name		Middle Name		
			Krase		James				
	Sex:		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		W		Men's Central Jail		2600/2800 module		
	Shift:		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Height:		Weight:
<input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM						504		160	
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:				Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input checked="" type="checkbox"/>	
E2	Employee #		Last Name		First Name		Middle Name		
			Villalobos		Adam				
	Sex:		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		H		Men's Central Jail		Module 2800		
	Shift:		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Height:		Weight:
<input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM						508		180	
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:				Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input checked="" type="checkbox"/>	
E3	Employee #		Last Name		First Name		Middle Name		
			Sanchez		Juan				
	Sex:		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		H		Men's Central Jail		Module 2600/2800		
	Shift:		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Height:		Weight:
<input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM						509		185	
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:				Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input type="checkbox"/>	
Additional Involved Employees									
On Duty Supervisor									
Emp. #		Last Name		First Name		Middle Name		Rank	
		Tapia		Patrick		--		Sgt.	
Present		Witness to Incident		Present		Witness to Incident		Present	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Emp. #		Last Name		First Name		Middle Name		Rank	
		Sanchez		Jorge		---		Sld	
Present		Witness to Incident		Present		Witness to Incident		Present	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Watch Sergeant									
Emp. #		Last Name		First Name		Middle Name			
		Herron		Edward		---			
Watch Commander									
Emp. #		Last Name		First Name		Middle Name			
		Olson		Gary		---			

Watch Commander (Print Name)

Carlos E. Flores

Watch Commander's Signature:

Emp #:

Date

Supervisor Completing Form: (Print Name)

Emp #:

Copy Provided to Employee by:

Emp #:

Unit Commander (Print Name)

Unit Commander's Signature:

Emp #:

Date

DISCOVERY Use Only

FO#

Original: Discovery Unit

Copy: Unit Commander

SH-R-438P (Rev. 12/07)

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation
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Involved Employee										
E 4	Employee #	Last Name			First Name			Middle Name		
		Hernandez-Castanon			Alejandro			--		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2600/2800				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 509	Weight: 180			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
E 5	Employee #	Last Name			First Name			Middle Name		
		Diaz			Armando			---		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2500/2700				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 508	Weight: 200			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
E 6	Employee #	Last Name			First Name			Middle Name		
		Johnson			Jason			--		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2200/2400				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 510	Weight: 225			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
E 7	Employee #	Last Name			First Name			Middle Name		
		[REDACTED]			[REDACTED]			[REDACTED]		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2500/2700				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 604	Weight: 210			
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
E 8	Employee #	Last Name			First Name			Middle Name		
		Vazquez			Hector			--		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2200/2400				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 508	Weight: 180			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		

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INVOLVED EMPLOYEE - Continuation
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Involved Employee									
E 9	Employee #	Last Name		First Name		Middle Name			
		Her		Minh					
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> O	Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): 2000 Floor Prowl				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [redacted]	Height: 506	Weight: 170			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E 10	Employee #	Last Name		First Name		Middle Name			
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): Module 2200/2400				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [redacted]	Height: 602	Weight: 210			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E	Employee #	Last Name		First Name		Middle Name			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Employee #	Last Name		First Name		Middle Name			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Employee #	Last Name		First Name		Middle Name			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	

Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information									
Last Name Deguerre			First Name Joseph			Middle Name Sunny			
AKA Last Name			First Name			Middle Name			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: B	Street Address:			City:		State & Zip Code:	
Work Phone: None		Home Phone:	Age: 38	Height: 605	D.O.B. 10-11-69	Weight: 290	Armed? <input type="checkbox"/>		
Booking #: 1089611		Primary Charge Code: 487 (D) PC			Secondary Charge Code: 653K PC		Criminal History		
EMT in attendance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Name: MCJ Clinic Unit: Phone #: 213 974-4961									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case #: Mental History <input type="checkbox"/>									
By Doctor: Address: Phone #:									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance:								Mental Illness <input type="checkbox"/>	

S

Suspect Interview									
Date: 02-02-08		Time: 0900		Audiotape: <input type="checkbox"/>		Videotape: <input checked="" type="checkbox"/>		Photos of Injuries: <input checked="" type="checkbox"/>	

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>		
Booking #:		Primary Charge Code:			Secondary Charge Code:		Criminal History <input type="checkbox"/>		
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: Unit: Phone #:									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case #: Mental History <input type="checkbox"/>									
By Doctor: Address: Phone #:									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance:								Mental Illness: <input type="checkbox"/>	

S

Suspect Interview									
Date:		Time:		Audiotape: <input type="checkbox"/>		Videotape: <input type="checkbox"/>		Photos of Injuries: <input type="checkbox"/>	

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>		
Booking #:		Primary Charge Code:			Secondary Charge Code:		Criminal History <input type="checkbox"/>		
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: Unit: Phone #:									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case #: Mental History <input type="checkbox"/>									
By Doctor: Address: Phone #:									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance:								Mental Illness <input type="checkbox"/>	

**Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION
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Employee Witnesses

Emp. #	Last Name Silva	First Name Christopher	Middle Name --
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age 32	D.O.B.
Street Address L.A. County Jail Inmate #		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 39	D.O.B.
Street Address L.A. County Jail Inmate #		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 43	D.O.B.
Street Address L.A. County Jail Inmate #		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 18	D.O.B.
Street Address L.A. County Jail Inmate #		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 18	D.O.B.
Street Address L.A. County Jail Inmate #		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 18	D.O.B.
Street Address L.A. County Jail Inmate #		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 23	D.O.B.
Street Address L.A. County Jail Inmate #		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 31	D.O.B.
Street Address L.A. County Jail Inmate #		City	Zip Code	Work Ph. Home Ph.

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			26	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			30	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			45	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			34	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			42	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			34	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

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REFERENCE #: 5100 - 2008 - 0202 - 001

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Slinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

URN: 008-00156-5100-145

REFERENCE #: 5100 - 2008 - 0202 - 001

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE APPLIED

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Duguerre	S#1	Hernandez	E#4	UC	NN	NN
Duguerre	S#1	Hernandez	E#4	RS	NN	NN
Duguerre	S#1	Hernandez	E#4	PH	NN	NN
Hernandez	E#4	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Diaz	E#5	UC	NN	NN
Duguerre	S#1	Diaz	E#5	RS	NN	NN
Duguerre	S#1	Diaz	E#5	PH	NN	NN
Diaz	E#5	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Johnson	E#6	UC	NN	NN
Duguerre	S#1	Johnson	E#6	RS	NN	NN
Duguerre	S#1	Johnson	E#6	PH	NN	NN
Johnson	E#6	Duguerre	S#1	PH	AB	FA
Johnson	E#6	Duguerre	S#1	PO	AB	FA
Duguerre	S#1		E#7	UC	NN	NN
Duguerre	S#1		E#7	RS	NN	NN
Duguerre	S#1		E#7	PH	AB	FA
	E#7	Duguerre	S#1	TR	AB	BK

URN: 008-00156-5100-145

REFERENCE #: 5100 - 2008 - 0202 - 001

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE APPLIED

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Duguerre	S#1	Vazquez	E#8	UC	NN	NN
Duguerre	S#1	Vazquez	E#8	RS	NN	NN
Duguerre	S#1	Vazquez	E#8	PH	NN	NN
Vazquez	E#8	Duguerre	S#1	PH	AB	FA
Vazquez	E#8	Duguerre	S#1	FL	AB	AR
Duguerre	S#1	Her	E#9	UC	NN	NN
Duguerre	S#1	Her	E#9	RS	NN	NN
Duguerre	S#1	Her	E#9	PH	NN	NN
Her	E#9	Duguerre	S#1	PH	AB	FA
Her	E#9	Duguerre	S#1	OC	NN	NN
Her	E#9	Duguerre	S#1	FL	AB	BK
Duguerre	S#1		E#10	UC	NN	NN
Duguerre	S#1		E#10	RS	NN	NN
	E#10	Duguerre	S#1	TR	AB	SH